



Kid Biz!

All that's news in Pediatrics

Around the Network



We have a new clinic location in Lowell

Our new Lowell Bridge St location is now open! All of our pediatric staff and patients from George St have moved to this new location. If you have any questions about the services or to schedule an appointment please call us at (978) 955-5955.

Construction has begun in Methuen

Construction at our new Methuen Pediatric Clinic site has started. We are planning for a fall opening. More information will be provided to families as it becomes available.



We would like to welcome the following new pediatric staff to the team :

- Michelle Goulet, OT
- Alison Letvinchuk, CFY
- Molly Mulcahy, CFY
- Nicole Yurek, SLP
- Abbey Lamb

Comprehensive Pediatric Feeding Program

The pediatric feeding program at Northeast Rehab evaluates and treats infants, children and young adults with feeding and swallowing difficulties related to a variety of medical conditions including genetic syndromes, autism spectrum disorders, and neurological conditions.

Reasons for Referral to a Feeding Program

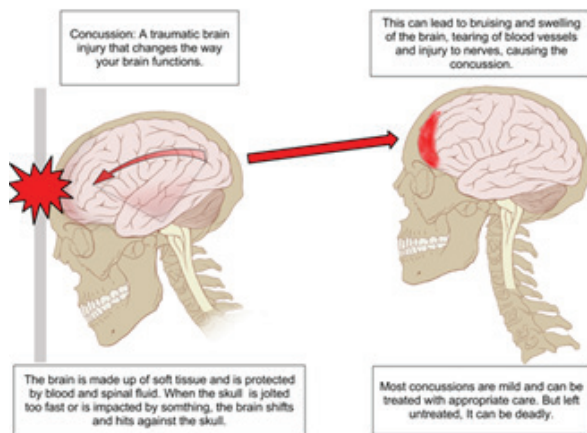
- Gagging or difficulty progressing onto solids
- Picky eaters
- Cough or choking on solids or liquids (aspiration)
- Gurgly, hoarse, or breathy voice quality
- Failure to thrive or poor food or liquid intake
- Frequent pneumonias/colds
- Food or liquid refusal
- Frequent spitting up or vomiting
- Difficulty with breast feeding and sucking
- Long feeding times
- Irritability or lack of alertness during feeding
- Excessive drooling

Concussions

What it
is and
what to
do

CONCUSSION: a blow to the head, or a blow to the body where the force is transmitted superiorly through the kinetic chain (i.e. spinal column). The acceleration/deceleration of forces being transmitted to the brain can manifest in a loss of consciousness and without a loss of consciousness.

A concussion is a MILD TRAUMATIC BRAIN INJURY. It can occur from a fall, from a collision or from whip lash etc. (Think cars, sports and serious falls).



Without a loss of consciousness (LOC), a concussion can be undetected by coaches, athletic trainers, teammates, and even to the individual themselves.

This requires individuals to know what the symptoms are, and then requires them to seek out a PARENT, trainer or coach for the proper medical attention.

This is why you, the parent, must be prepared!



What to Look For

The number one symptom is a headache. Other symptoms include:

- Feeling of pressure in the head
- Temporary loss of consciousness
- Confusion or feeling as if in a fog
- Amnesia surrounding the traumatic event
- Dizziness or "seeing stars"
- Ringing in the ears
- Nausea
- Vomiting

Concussion in Children

Young children can have the same symptoms of a concussion as older children and adults. But sometimes it can be hard to tell if a small child has a concussion. Young children may also have symptoms like:

- Crying more than usual.
- Headache that does not go away.
- Changes in the way they play or act.
- Changes in the way they nurse, eat, or sleep.
- Being upset easily or having more temper tantrums.
- A sad mood.
- Lack of interest in their usual activities or favorite toys.
- Loss of new skills, such as toilet training.
- Loss of balance and trouble walking.
- Not being able to pay attention.

We hope you find these articles interesting and helpful. Have an idea for the next Kid Biz? Email your article idea to kidbiz@northeastrehab.com

What to do if your kid is experiencing symptoms

If you believe your child may have a concussion, get prompt medical attention from your pediatrician, or go to the Emergency Room.



Reduce your child's chances of getting a concussion:

- Use child car seat and booster seat correctly
- Teach your child bicycle safety
- Teach your child how to be safe around streets and cars
- Keep your child safe from falls
- Teach your child playground safety
- Help your child prevent injury from sports and other activities

References:

Headcase LLC, Lake Forest, IL Headcasecompany.com

McCrea, M. H., Olsen, G., Leo, P., & Guskiewicz, K. (2004). Unreported concussion in high school football players. *Clinical Journal of Sports Medicine*, 14 (1), 13-17.

McCrea, M., Kelly, J., & Randolph, C. (2002). Immediate Neurocognitive Effects of Concussion. *Neurosurgery*, 50, 1032-1042.

Sye, G., Sullivan, S., McCrory, P. (2006). High school rugby players' understanding of concussion and return to play guidelines. *British Journal of Sports Medicine*, 40, 1003-1005.



How to know the difference

Picky Eaters **vs.** Problem Feeders

Picky Eaters	Problem Feeders
Able to tolerate new foods on plate and usually can touch or taste new food	Cries and demonstrates distress when presented with new foods
Child is unable to eat preferred foods outside of the home.	Refuses entire categories of food textures
Eats at least one food from most all food texture groups	Almost always eats different foods than the family
Child will only eat select brand names	Persistently reported by parent as a picky eater at child's check ups
When faced with new food child will refrain from eating for a prolonged period of time	Unwilling to try almost any new food even after 10+ exposures.
Decreased range or variety of foods that will eat = 30 foods or more	Restricted range or variety of foods, usually less than 20 different foods

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Food	Touch	Smell	Lick	Put in Mouth	Bite	Eat/Swallow
1.						
2.						
3.						

*Try this food exploration chart for both problem feeders and picky eaters. It is important to not force food on the child and let it be a slow steady process to introducing new foods. Try any non preferred food item with this chart going through each step and have the child check off completing each, once all are checked off for 3-5 foods they get a choice activity (tv, ipad, toy). This helps increase participation and enjoyment in the feeding process.

References:

Palmer S, Horn S. Feeding problems in children. In: Palmer S, Ekvall S, editors. Pediatric Nutrition in Developmental Disorders. Vol. 13. Springfield: Charles C Thomas; 1978. p. 107–129.
Toomey, Kay. Copyright 2000/2010. Picky Eaters versus Problem Feeders.

Developing Better Sleep Habits for children

Help them find some ZZZZ's



- Keep consistent bedtimes and wake times every day of the week. Late weekend nights or sleeping-in can throw off a sleep schedule for days.
- Avoid spending lots of non-sleep time in bed. Spending hours lying on a bed doing other activities before bedtime keeps our brains from associating the bed with sleep time.
- Child's bedroom should be cool, quiet and comfortable.
- Those children who stare at clocks should have their clocks turned away from them.
- Bedtime should follow a predictable sequence of events, such as brushing teeth and reading a story.
- Avoid high stimulation activities just before bed, such as watching television, playing video games, or exercise. Do not do these things during a nighttime awakening either. It is best not to have video games, televisions, or telephones in the child's bedroom.
- Having physical exercise as part of the day often helps with sleep time many hours later.
- Relaxation techniques such as performing deep, slow abdominal breaths or imagining positive scenes like being on a beach can help a child relax.
- Avoid caffeine (sodas, chocolate, tea, coffee) in the afternoons/evenings. Even if caffeine doesn't prevent falling asleep it can still lead to shallow sleep or frequent awakenings.
- If a child is awake in bed tossing and turning, it is better for them to get out of bed to do a low stimulation activity (e.g., reading), then return to bed later. This keeps the bed from becoming associated with sleeplessness. If still awake after 20-30 minutes, spend another 20 minutes out of bed before lying down again.

- Worry time should not be at bedtime. Children with this problem can try having a “worry time” scheduled earlier when they are encouraged to think about and discuss their worries with a parent.
- Security objects at bedtime are often helpful for children who need a transition to feel safe and secure when their parent is not present. Try to include a doll, toy or blanket when your cuddle or comfort your child, which may help them adopt the object.
- Children should be put to bed drowsy, but still awake. Letting them fall asleep in other places forms habits that are difficult to break.
- When checking on a child at night, checks should be “brief and boring.” The purpose is to reassure the child you are present and that they are OK.
- If your child is never drowsy at the planned bedtime, you can try a temporary delay of bedtime by 30 minute increments until the child appears sleepy, so that they experience falling asleep more quickly once they get into bed. The bedtime should then be gradually advanced earlier until the desired bed time is reached.
- Keep a sleep diary to keep track of naps, sleep times and activities to find patterns and target problem areas when things are not working.

References:

Seattle Children’s Hospital Research Foundation: Patient and Family Education
Robert Hilt, MD

Primary reference: A Clinical Guide to Pediatric Sleep by Jodi Mindell and Judith Owens

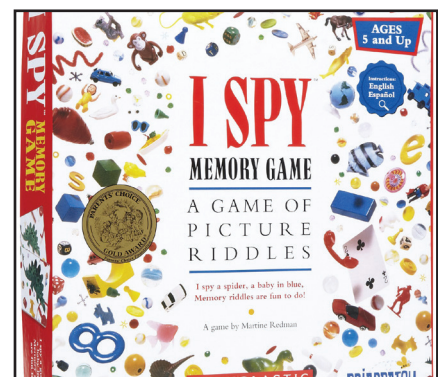


Sun filled Speech and Language Activities for the summer

Summer Themed Head Bands: Head Bands is a great game to work on expanding, recalling, and describing vocabulary, asking questions, and remembering details. Start brainstorming summer vocabulary. Here are some suggested categories:

- Summer clothing
- Things people grow in their gardens
- Things you would take on a camping trip
- Things you would take to the beach
- Summer time activities
- Thing you would pack for a picnic

Use Google images to make your own cards. Then let the guessing begin.



Summer Themed Articulation Games

Take your articulation practice outdoors!

- Playing a game like "I spy" is a great way to work on s-blends and vocabulary all in one.
- Spend a day at the Zoo and try to find all the words that your speech sound in them
- Play at the park. Talk about what you are playing at the park to work on the ending "k" sound
- Go on a seashell hunt at the beach and practice saying seashell each time you find a keeper to work on your middle "sh" sound. For a challenge practice saying "She sells seashells to the seashore" 10 times!
- Use sidewalk chalk to draw fireworks and practice saying your beginning /f/ sound

Make a Summer Time Treat

A simple recipe targets a variety of language skills and will be a hit with your kids. Recipes allow your child to work on following directions, using descriptive concepts, sequential vocabulary, reading, and more! Here is a super easy treat to make on a hot summer day:

Make your own snow cones

What you need:

- About 8-16 Cups of Ice.
- 1 Can of Frozen Juice Concentrate
- Cups to serve snow cones
- Ice Cream Scoop
- Spoons
- Bowl for mixing
- Blender, Cuisinart, or something else to crush ice in

*Tip: If you have a Crushed Ice Machine on your Fridge, this makes it so much easier to grind up

How to Make Snowcones:

- Get out all of your supplies.
- Crush ice in small batches, save in bowl until all the ice is crushed
- Once your ice is a fine mixture add in the Frozen Juice Concentrate and mix a little bit more until the juice is mixed in completely. Do not want to dilute the juice with water or you'll end up with a slushy mixture instead of a snow mixture.
- Scoop into cups and enjoy!

